AMENDMENTS TO THE CLAIMS:

This listing of claims will replace all prior versions and listings of claims in the application:

1. (Currently Amended) A computer-implemented method for managing insurance claims, comprising the steps, performed by a computer, of:

receiving data related to an insurance claim via a network;

determining whether the insurance claim has recovery potential ~~based on~~ by using the received data to compare a value of the insurance claim with a threshold amount, wherein the insurance claim is determined to have a recovery potential when the value is greater than the threshold amount;

if it is determined that the insurance claim has recovery potential,

providing a characteristic of the insurance claim, and

automatically evaluating the characteristic of the insurance claim; and

establishing a payment decision for the insurance claim based on at least one of the received data and the evaluation of the characteristic.

2. (Original) The method of claim 1, wherein the data related to the insurance claim includes at least one of a treatment code, a provider, and a claim value.

3. (Original) The method of claim 1, wherein the providing step further includes:

determining whether a related insurance claim has been received.

4. (Original) The method of claim 1, wherein the providing step further includes:

determining whether a worker's compensation claim corresponding to the insurance claim has been accepted.

5. (Original) The method of claim 1, wherein the providing step further includes:

determining whether first party insurance coverage corresponding to the insurance claim is available.

6. (Cancelled).

7. (Original) The method of claim 1, wherein the determining step further includes:

applying weights to specified portions of the data related to the insurance claim to obtain weighted values;

adding the weighted values to obtain a result;

comparing the result to a likely recovery value; and

determining that the insurance claim has recovery potential when the result is above the likely recovery value.

8. (Currently Amended)   A system for managing insurance claims, comprising:

a receiving component configured to receive data related to an insurance claim

via a network;

a determining component configured to determine whether the insurance claim

has recovery potential ~~based on~~ by using the received data to compare a

value of the insurance claim with a threshold amount, wherein the

insurance claim is determined to have a recovery potential when the value

is greater than the threshold amount;

a providing component configured to provide a characteristic of the insurance

claim and to automatically evaluate the characteristic, if the determining

component determines that the insurance claim has recovery potential;

and

an establishing component configured to establish a payment decision for the

insurance claim based on at least one of the received data and the

evaluation of the characteristic.

9. (Original) The system of claim 8, wherein the data related to the insurance claim

includes at least one of a treatment code, a provider, and a claim value.

10. (Original) The system of claim 8, wherein the providing component further

includes:

a determining component configured to determine whether a related insurance

claim has been received.

11. (Original) The system of claim 8, wherein the providing component further

includes:

a determining component configured to determine whether a worker's

compensation claim corresponding to the insurance claim has been accepted.

12. (Original) The system of claim 8, wherein the providing component further

includes:

a determining component configured to determine whether first party insurance

coverage corresponding to the insurance claim is available.

13. (Cancelled).

14. (Original) The system of claim 8, wherein the determining component further includes:

an applying component configured to apply weights to specified portions of the data related to the insurance claim to obtain weighted values;

an adding component configured to add the weighted values to obtain a result;

a comparing component configured to compare the result to a likely recovery value; and

a determining component configured to determine that the insurance claim has recovery potential when the result is above the likely recovery value.

15. (Currently Amended) A system for managing insurance claims, comprising:

means for receiving data related to an insurance claim via a network;

means for determining whether the insurance claim has recovery potential ~~based on~~ by using the received data to compare a value of the insurance claim with a threshold amount, wherein the insurance claim is determined to have a recovery potential when the value is greater than the threshold amount;

means for providing a characteristic of the insurance claim, and automatically evaluating the characteristic of the insurance claim, if it is determined that the insurance claim has recovery potential; and

means for establishing a payment decision for the insurance claim based on at least one of the received data and the evaluation of the characteristic.

16. (Currently Amended)   A computer-usable storage medium having ~~computer-readable~~ computer-readable code embodied therein for managing insurance claims, the ~~computer-readable~~ computer-readable code comprising:

a receiving module configured to receive data related to an insurance claim via a

network;

a determining module configured to determine whether the insurance claim has

recovery potential ~~based on~~ by using the received data to compare a

value of the insurance claim with a threshold amount, wherein the

insurance claim is determined to have a recovery potential when the value

is greater than the threshold amount;

a providing module configured to provide a characteristic of the insurance claim

and automatically evaluate the characteristic of the insurance claim, if it is

determined that the insurance claim has recovery potential; and

an establishing module configured to establish a payment decision for the

insurance claim based on at least one of the received data and the

evaluation of the characteristic.

17. (Currently Amended)   A computer-implemented method for auditing insurance

claims, comprising the steps, performed by a computer, of:

selecting an insurance claim for audit, the insurance claim including a provider

treatment code;

assigning an auditor to audit the insurance claim;

automatically prompting the auditor to collect data related to the insurance claim

by displaying a screen comprising:

a first section including description information of the insurance

claim; and

a second section including a plurality of tabs, wherein one of the

tabs is a history tab which, when selected by the auditor,

displays information corresponding to medical history of a

patient related to the insurance claim;

receiving the collected data from the auditor;

receiving, from ~~enabling~~ the auditor, a selection from ~~to select~~ among a plurality

of guidelines for determining a proposed treatment code;

determining the proposed treatment code based on the collected data using the

selected guideline; and

comparing the proposed treatment code to the provider treatment code.

18. (Original) The method of claim 17, further comprising:

adjusting the provider treatment code based on the comparison with the

proposed treatment code.

19. (Original) The method of claim 17, further comprising:

generating a request for additional data related to the insurance claim; and

automatically sending the request to a provider.

20. (Original) The method of claim 17, further comprising:

creating a data entry template for the auditor based on at least one of the

provider treatment code and the data related to the insurance claim.

21. (Original) The method of claim 17, wherein the selecting further includes:

comparing the provider treatment code from the insurance claim with a

diagnostic code from the insurance claim.

22. (Original) The method of claim 17, wherein the selecting further includes:

comparing a plurality of treatment codes associated with the insurance claim.

23. (Currently Amended)   A system for auditing insurance claims, comprising:

a selecting component configured to select an insurance claim for audit, the

insurance claim including a provider treatment code;

an assigning component configured to assign an auditor to audit the insurance

claim;

a prompting component configured to automatically prompt the auditor to collect

data related to the insurance claim by displaying a screen comprising:

a first section including description information of the insurance

claim; and

a second section including a plurality of tabs, wherein one of the

tabs is a history tab which, when selected by the auditor,

displays information corresponding to medical history of a

patient related to the insurance claim;

a receiving component configured to receive the collected data from the auditor;

an enabling component configured to enable receive, from the auditor to select

a selection from among a plurality of guidelines for calculating a proposed

treatment code;

a determining component configured to determine the proposed treatment code

based on the collected data using the selected guideline; and

a comparing component configured to compare the proposed treatment code to

the provider treatment code.

24. (Original) The method of claim 23, further comprising:

adjusting the provider treatment code based on the comparison with the

proposed treatment code.

25. (Original) The system of claim 23, further comprising:

a generating component configured to generate a request for additional data

related to the insurance claim; and

a sending component configured to automatically send the request to a provider.

26. (Original) The system of claim 23, further comprising:

a creating component configured to create a data entry template for the auditor

based on at least one of the provider treatment code and the data related to the

insurance claim.

27. (Original) The system of claim 23, wherein the selecting component further

includes:

a comparing component configured to compare the provider treatment code from

the insurance claim with a diagnostic code from the insurance claim.

28. (Original) The system of claim 23, wherein the selecting component further

includes:

a comparing component configured to compare a plurality of treatment codes associated with the insurance claim.

29. (Currently Amended)   A system for auditing insurance claims, comprising:

means for selecting an insurance claim for audit, the insurance claim including a provider treatment code;

means for assigning an auditor to audit the insurance claim;

means for automatically prompting the auditor to collect data related to the

insurance claim by displaying a screen comprising:

a first section including description information of the insurance

claim; and

a second section including a plurality of tabs, wherein one of the

tabs is a history tab which, when selected by the auditor,

displays information corresponding to medical history of a

patient related to the insurance claim;

means for receiving the collected data from the auditor;

means for ~~enabling~~ receiving, from the auditor ~~to select~~ a selection from among a

plurality of guidelines for determining a proposed treatment code;

means for determining the proposed treatment code based on the collected data

using the selected guideline; and

means for comparing the proposed treatment code to the provider treatment

code.

30. (Currently Amended) A computer-usable <u>storage</u> medium having ~~computer-readable~~ <u>computer-readable</u> code embodied therein for auditing insurance claims, the ~~computer-readable~~ <u>computer-readable</u> code comprising:

a selecting module configured to select an insurance claim for audit, the

insurance claim including a provider treatment code;

an assigning module configured to assign an auditor to audit the insurance claim;

a prompting module configured to automatically prompt the auditor to collect data

related to the insurance claim <u>by displaying a screen comprising:</u>

<u>a first section including description information of the insurance</u>

<u>claim; and</u>

<u>a second section including a plurality of tabs, wherein one of the</u>

<u>tabs is a history tab which, when selected by the auditor,</u>

<u>displays information corresponding to medical history of a</u>

<u>patient related to the insurance claim;</u>

a receiving module configured to receive the collected data from the auditor;

an enabling module configured to ~~enable~~ <u>receive, from</u> the auditor ~~to select~~ <u>a</u>

<u>selection from</u> among a plurality of guidelines for determining a proposed

treatment code;

a determining module configured to determine the proposed treatment code

based on the collected data; and

a comparing module configured to compare the proposed treatment code to the

provider treatment code.

31. (Currently Amended) A <u>computer-implemented</u> method for managing litigation related to an insurance claim, comprising <u>the steps, performed by a computer, of</u>:

  receiving data about an insurance claim;

  automatically assigning the insurance claim to a litigation administrator when a litigation criteria is met by the received data;

  automatically establishing a budget for the litigation administrator based on the received data;

  providing a user interface for an auditor to determine at least one of the assigned litigation administrator, the established budget, and a status of the litigation<u>, wherein the user interface displays a screen comprising:</u>

  <u>a first section including description information of the insurance claim;</u>

  <u>a second section including referral information to receive, from the litigation administrator a selection of an attorney to manage the litigation; and</u>

  <u>a third section including a list of tasks associated with the insurance claim and status of completion of the tasks;</u> and

  automatically generating a task for the litigation administrator based on the received data.

32. (Original) The method of claim 31, wherein the litigation administrator is an attorney.

33. (Original) The method of claim 31, further comprising:

receiving a legal question from the auditor;

automatically determining a response to the legal question by querying a legal

database; and

providing the response to the auditor.

34. (Original) The method of claim 32, further comprising:

prompting the auditor to take action when the task has not been completed by

the litigation administrator.

35. (Original) The method of claim 31, wherein the assigning further includes:

selecting the litigation administrator based on the data about the insurance claim.

36. (Original) The method of claim 35, wherein the data about the insurance claim

includes a jurisdiction.

37. (Currently Amended) The method of claim 35, wherein the data about the

insurance claim includes an area of expertise a type of the insurance claim.

38. (Currently Amended) A system for managing litigation related to an insurance

claim, comprising:

a receiving component configured to receive data about an insurance claim;

an assigning component configured to automatically assign the insurance claim

to a litigation administrator when a litigation criteria is met by the received

data;

an establishing component configured to automatically establish a budget for the

litigation administrator based on the received data;

a providing component configured to provide a user interface for an auditor to

determine at least one of the assigned litigation administrator, the

established budget, and a status of the litigation, wherein the user

interface displays a screen comprising:

a first section including description information of the insurance

claim;

a second section including referral information to receive, from

the litigation administrator a selection of an attorney to

manage the litigation; and

a third section including a list of tasks associated with the insurance

claim and status of completion of the tasks; and

a generating component configured to automatically generate a task for the

litigation administrator based on the received data.

39. (Original) The system of claim 38, wherein the litigation administrator is an

attorney.

40. (Original) The system of claim 38, further comprising:

a receiving component configured to receive a legal question from the auditor;

a determining component configured to automatically determine a response to

the legal question by querying a legal database; and

a providing component configured to provide the response to the auditor.

41. (Original) The system of claim 39, further comprising:

a prompting component configured to prompt the auditor to take action when the task has not been completed by the litigation administrator.

42. (Original) The system of claim 38, wherein the assigning component further includes:

a selecting component configured to select the litigation administrator based on the data about the insurance claim.

43. (Original) The system of 42, wherein the data about the insurance claim includes a jurisdiction.

44. (Original) The system of claim 42, wherein the data about the insurance claim includes an area of expertise.

45. (Currently Amended) A system for managing litigation related to an insurance claim, comprising:

means for receiving data about an insurance claim;

means for automatically assigning the insurance claim to a litigation administrator when a litigation criteria is met by the received data;

means for automatically establishing a budget for the litigation administrator based on the received data;

means for providing a user interface for an auditor to determine at least one of the assigned litigation administrator, the established budget, and a status of the litigation, wherein the user interface displays a screen comprising:

<u>a first section including description information of the insurance</u>

<u>claim;</u>

<u>a second section including referral information to receive, from</u>

<u>the litigation administrator a selection of an attorney to</u>

<u>manage the litigation; and</u>

<u>a third section including a list of tasks associated with the insurance</u>

<u>claim and status of completion of the tasks</u>; and

means for automatically generating a task for the litigation administrator based

on the received data.

46. (Currently Amended) A computer-usable <u>storage</u> medium having ~~computer-~~

~~readable~~ <u>computer-readable</u> code embodied therein for managing litigation related to an

insurance claim, the ~~computer-readable~~ <u>computer-readable</u> code comprising:

a receiving module configured to receive data about an insurance claim;

an assigning module configured to automatically assign the insurance claim to a

litigation administrator when a litigation criteria is met by the received data;

an establishing module configured to automatically establish a budget for the

litigation administrator based on the received data;

a providing module configured to provide a user interface for an auditor to

determine at least one of the assigned litigation administrator, the

established budget, and a status of the litigation<u>, wherein the user</u>

<u>interface displays a screen comprising:</u>

<u>a first section including description information of the insurance</u>

<u>claim;</u>

a second section including referral information to receive, from

the litigation administrator a selection of an attorney to

manage the litigation; and

a third section including a list of tasks associated with the insurance

claim and status of completion of the tasks; and

a generating module configured to automatically generate a task for the litigation

administrator based on the received data.

47. (Currently Amended)   A computer-implemented method of managing fees for the

recovery of costs related to insurance claims, comprising:

paying costs to an insured in response to an insurance claim filed by the insured,

wherein the costs are paid by an insurance company;

determining a party responsible for the costs, wherein the party is different from

the insurance company;

storing an agreement between a collector and a client the insurance company in

a database, wherein the client has paid costs corresponding to an

insurance claim agreement is based on collection of the costs from the

party;

receiving data about a recovery related to the costs corresponding to the

insurance claim, the data including at least an amount recovered from the

party and by the collector;

determining taxes due on the amount recovered; and

calculating a fee due to the collector based on at least one of the amount

recovered and a fee schedule specified in the agreement.

48. (Currently Amended) The method of claim 47, further comprising:

automatically sending the recovered amount, less the taxes and the calculated

fee, to the ~~client~~ insurance company.

49. (Original) The method of claim 47, wherein the determining further includes:

determining a jurisdiction corresponding to the insurance claim; and

automatically retrieving a tax calculation template for the jurisdiction from a

database.

50. (Original) The method of claim 47, wherein a plurality of agreements in the

database correspond to the insurance claim, further comprising:

retrieving a precedence rule corresponding to the insurance claim from a

database; and

automatically selecting among the plurality of agreements using the precedence

rule.

51. (Original) The method of claim 50, further comprising:

calculating the fee using a fee schedule from a selected one of the plurality of

agreements.

52. (Currently Amended) A system of managing fees for the recovery of costs related

to insurance claims, comprising:

a payment component configured to pay costs to an insured in response to an

insurance claim filed by the insured, wherein the costs are paid by an

insurance company;

a determination component configured to determine a party responsible for the

costs, wherein the party is different from the insurance company;

a storing component configured to store an agreement between a collector and

~~a client~~ the insurance company in a database, wherein the ~~client has paid~~

~~costs corresponding to an insurance claim~~ agreement is based on

collection of the costs from the party;

a receiving component configured to receive data about a recovery related to the

costs corresponding to the insurance claim, the data including at least an

amount recovered from the party and by the collector;

a determining component configured to determine taxes due on the amount

recovered; and

a calculating component configured to calculate a fee due to the collector based

on at least one of the amount recovered and a fee schedule specified in

the agreement.

53. (Currently Amended) The system of claim 52, further comprising:

a sending component configured to automatically send the recovered amount,

less the taxes and the calculated fee, to the ~~client~~ insurance company.

54. (Original) The system of claim 52, wherein the determining component further

includes:

a determining component configured to determine a jurisdiction corresponding to

the insurance claim; and

a retrieving component configured to automatically retrieve a tax calculation

template for the jurisdiction from a database.

55. (Original) The system of claim 52, wherein a plurality of agreements in the

database correspond to the insurance claim, further comprising:

a retrieving component configured to retrieve a precedence rule corresponding to

the insurance claim from a database; and

a selecting component configured to automatically select among the plurality of

agreements using the precedence rule.

56. (Original) The system of claim 55, further comprising:

a calculating component configured to calculate the fee using a fee schedule

from a selected one of the plurality of agreements.

57. (Currently Amended) A system of managing fees for the recovery of costs related

to insurance claims, comprising:

> means for paying costs to an insured in response to an insurance claim filed by
>
> > the insured, wherein the costs are paid by an insurance company;
>
> means for determining a party responsible for the costs, wherein the party is
>
> > different from the insurance company;
>
> means for storing an agreement between a collector and a client the insurance in
>
> > a database, wherein the client has paid costs corresponding to an
> >
> > insurance claim agreement is based on collection of the costs from the
> >
> > party;

means for receiving data about a recovery related to the costs corresponding to

the insurance claim, the data including at least an amount recovered <u>from</u>

<u>the party and by the collector</u>;

means for determining taxes due on the amount recovered; and

means for calculating a fee due to the collector based on at least one of the

amount recovered and a fee schedule specified in the agreement.

58. (Currently Amended)   A computer-usable <u>storage</u> medium having ~~computer-readable~~ <u>computer-readable</u> code embodied therein for managing fees for the recovery

of costs related to insurance claims, the ~~computer-readable~~ <u>computer-readable</u> code

comprising:

<u>a payment module configured to pay costs to an insured in response to an</u>

<u>insurance claim filed by the insured, wherein the costs are paid by an</u>

<u>insurance company</u>;

<u>a determination module configured to determine a party responsible for the costs,</u>

<u>wherein the party is different from the insurance company</u>;

a storing module configured to store an agreement between a collector and ~~a~~

~~client~~ <u>the insurance company</u> in a database, wherein the ~~client has paid~~

~~costs corresponding to an insurance claim~~ <u>agreement is based on</u>

<u>collection of the costs from the party</u>;

a receiving module configured to receive data about a recovery related to the

costs corresponding to the insurance claim, the data including at least an

amount recovered <u>from the party and by the collector</u>;

a determining module configured to determine taxes due on the amount

recovered; and

a calculating module configured to calculate a fee due to the collector based on

at least one of the amount recovered and a fee schedule specified in the

agreement.